



### AUTHORIZED USER DESIGNATION PROCESS

This form allows the Authorized Agent (AA) to designate another person as an Authorized User (AU). The Authorized User will also be listed as an alternate form of contact for any questions that OkMRF may have regarding the Plan(s).

Defined Contribution: The Authorized User will be granted unique access to Sponsor Web for purposes of administering the Plan(s).

### AUTHORIZED AGENT (AS APPOINTED BY THE GOVERNING BODY) (Please print clearly using black or blue ink)

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLAN(s): \_\_\_\_\_  
NAME OF MUNICIPALITY OR ENTITY

PLAN NUMBER(s): \_\_\_\_\_  
DC ONLY

### AUTHORIZED USER INFORMATION (Please print clearly using black or blue ink)

PLEASE SELECT ONE:  ADD USER  DELETE USER

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLAN(s): \_\_\_\_\_  
NAME OF MUNICIPALITY OR ENTITY

PLAN NUMBERS(s): \_\_\_\_\_  
DC ONLY

### AUTHORIZATION

I \_\_\_\_\_ (AA name), as Authorized Agent for \_\_\_\_\_

\_\_\_\_\_ (Plan Names) have been designated to act as the agent of the Employer(s) in matters pertaining to the Plan(s) and the fund. I understand that it is my responsibility to notify OkMRF of any additions or deletions of Authorized Users.

SIGNATURE OF AUTHORIZED AGENT: \_\_\_\_\_

PLEASE RETURN THIS FORM TO OkMRF  
MAIL: 1001 NW 63<sup>rd</sup>, SUITE 260, OKLAHOMA CITY, OK 73116  
EMAIL: GCUDJOE@OKMRF.ORG  
FAX: (405) 606-7879